

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40053

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5782</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawnee</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo R F D #1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Jackson Mo R F D #1</u>			
3. NAME OF DECEASED a. (First) <u>Serilda</u> b. (Middle) <u>Octavia</u> c. (Last) <u>Whitledge</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 13 1865</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Days <u>21</u> Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Shawneetown Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Alfred Cotner</u>		13b. MOTHER'S MAIDEN NAME <u>Emiline Hinkle</u>		14. NAME OF HUSBAND OR WIFE <u>J P Whitledge</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Whitledge</u> ADDRESS <u>Jackson Mo R F D #1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the uterus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>114X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 1949, to Dec 3, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 4:00 AM., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R D Blum Lock M.D.</u>				23b. ADDRESS <u>Oak Ridge Mo</u>		23c. DATE SIGNED <u>12-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Poehontas Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 6-50</u>		REGISTRAR'S SIGNATURE <u>D. G. Seibert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Turn & Wood Co.</u>		ADDRESS <u>Jackson Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 15 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *BH Meyer*

Licensed Embalmer No. *3057*

P. O. Address *Jackson mo,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.